

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	64694	11/30
O.I.P.E. CLASSIFIER		2	9/15
FORMALITY REVIEW	RS	61730	7-24

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	
2	2/11/99
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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